Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

300 1 641	1 Street, New Tork, N.1. 1000	77-1213	
	Date:		
	In Re:		
		-V-	
	Case #:	()
Dear Litigant,			
Enclosed is a copy of the judgr	ment entered in your case.		
Your attention is directed to Rul that if you wish to appeal the judgment date of entry of the judgment (60 days party).	in your case, you must file a	notice of appeal wit	hin 30 days of the
If you wish to appeal the judgr within the required time, you may make of Fed. R. App. P. 4(a)(5). That rule r failure to file your notice of appeal with other parties and then filed with the Pro (90 days if the United States or an office	e a motion for an extension of requires you to show "excusal nin the time allowed. Any such Se Office no later than 60 days	time in accordance ble neglect" or "good h motion must first b from the date of ent	with the provision d cause" for your be served upon the
The enclosed Forms 1, 2 and 3 them if appropriate to your circumstance		ns, and you may ch	oose to use one of
The Filing fee for a notice of a the "Clerk of the Court, USDC, SDNY accepted.		_	
	J. Michael	McMahon, Clerk	of Court
	by:		
		, Depu	ty Clerk

APPEAL FORMS

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

		Y			
-V-		 		CE OF APPE	AL
			civ.	()
Notice is hereby given	that		(party)		
hereby appeals to the United St	ates Court of App	eals for the		iit from the Jud	dgment [describe it]
entered in this action on the _	day	of		_ ,(year)	
	(day)	(month)	(year)	
		_		(Signature) (Address)	
		_	(City, St	ate and Zip Code	<u> </u>
Date:		()(Te	ephone Number)	

<u>Note</u>: You may use this form to take an appeal provided that it is <u>received</u> by the office of the Clerk of the District Court within 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 1

APPEAL FORMS

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

	ζ
-V-	MOTION FOR EXTENSION OF TIME TO FILE A NOTICE OF APPEAL
	civ. ()
Pursuant to Fed. R. App. P. 4(a)(5),	•
requests leave to file the within notice of appeal of desires to appeal the judgment in this action enter- notice of appeal within the required number of day	ed on (party) but failed to file a
[Explain here the "excusable neglect" or "good cause" required number of days.]	which led to your failure to file a notice of appeal within the
	(Signature)
	(Address)
	(City, State and Zip Code)
Date:	()

<u>Note</u>: You may use this form, together with a copy of Form 1, if you are seeking to appeal a judgment and did not file a copy of Form 1 within the required time. If you follow this procedure, these forms must be <u>received</u> in the office of the Clerk of the District Court no later than 60 days of the date which the judgment was entered (90 days if the United States or an officer or agency of the United States is a party).

FORM 2

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

	X		
-V-	NOTICE OF APPEAL AND MOTION FOR EXTENSION OF TIME		
	civ. ()		
	(party) Circuit from the judgment entered on		
	d in the Clerk's office within the required time fully requests the court to grant an extension of time in		
a. In support of this request,	states that (party)		
	and that this form was mailed to the late)		
	(Signature)		
	(Address)		
	(City, State and Zip Code)		
Date:	() (Telephone Number)		

<u>Note</u>: You may use this form if you are mailing your notice of appeal and are not sure the Clerk of the District Court will <u>receive</u> it within the 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 3

Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

	${f v}$
-V-	AFFIRMATION OF SERVICE
	civ. ()
I,	, declare under penalty of perjury that I have
served a copy of the attached	
upon	
whose address is:	
Date	
Date:New York, New York	
	(Signature)
	(Address)
	(City, State and Zip Code)

FORM 4